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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re U.S. Patent Application of )  
TAMAKI et al. )  
Application Number: 10/688,975 ) Art Unit 2825  
Filed: October 21, 2003 )  
For: SEMICONDUCTOR DEVICE AND METHOD FOR ) Examiner Thuan V. Do  
FABRICATING THE SAME )  
Attorney Docket No. HITA.0445 )

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

COVER LETTER

Sir:

The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	7	8	XXX (Over 20)	x \$50	0
Independent Claims	2	2	XXX (Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

<input checked="" type="checkbox"/> Response to Office Action (with Claim Amendments)	<input checked="" type="checkbox"/> Petition for Extension of Time (2 months)
<input type="checkbox"/> Substitute Specification	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Letter to Draftsperson w/ <u>      </u> sheets of replacement drawings
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Other _____

Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.

A check in the amount of **\$450.00** to cover the two-month extension fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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